ebtor 1	Robert First Name	R.	Hatfield	
ebtor 2	Susanne	Middle Name R.	Last Name Hatfield	
pouse, if filing)	First Name	Middle Name	Last Name	
known)				

Ch	eck if this is:	
<b>V</b>	An amended filing	
	A supplement showing post-petition	
	chapter 13 income as of the following	date

MM / DD / YYYY

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employm	ent					
Fill in your employment information.		Debtor 1		-	Debtor 2 or non-	filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed	ed	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Employed  Not employed	Therefore the Control of the Control
Include part-time, seasonal, or self-employed work.  Occupation may Include student	Occupation					
or homemaker, if it applies.	Employer's name					
	Employer's address	Number Street			Number Street	
						The state of the s
		City	Star	te ZIP Code	City	State ZIP Code
	How long employed there	?				WARREN HARRING
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse hat below. If you need more space, at	Ive more than one employer,	, combine the info				-
				For Debtor 1	For Debtor 2 or non-filing spouse	The state of the s
<ol><li>List monthly gross wages, sale deductions). If not paid monthly,</li></ol>			2.	\$0.00	\$0.00	Name of the state
3. Estimate and list monthly over	time pay.		3.	+\$0.00	+ \$ 0.00	
4. Calculate gross Income, Add lin	ne 2 + line 3.		4.	\$0.00	\$0.00	

Del	otor 1	Robert First Name	Middle Name	R.	Last Name	Hatfield		C	ase number (#	known)	13-30	324			
		Ma.	No.					Fo	r Debtor 1			ebtor 2 or iling spouse			
	Сор	y line 4 here	***************************************		***************************************	······	<b>→</b> 4.	\$_	0.00		\$_	0.00	-		
5.	List	all payroll ded	uctions:												
		-	e, and Social Se				5a.	\$_	0.00	-	\$_	0.00	_		
			entributions for				5b.	\$_	0.00	-	\$	0.00	_		
			ntributions for r		•		5c.	\$_	0.00	-	\$_	0.00	-		
		Insurance	ayments of retli	rement 1	una loans		5d.	\$_	0.00	-	\$_	0.00	_		
			port obligation	10			5e.	\$_	0.00	-	\$_		-		
			port obligation	13			5f.	\$_	0.00	-	\$_	0.00	-		
	_	Union dues	0				5g.	Ψ_		-	a_		-		
	on.	Other deducti	ions. Specify:				5h.	+\$_	0.00	-	+ \$_	0.00	-		
6.	Add	i the payroll d	eductions. Add	lines 5a	+ 5b + 5c +	5d + 5e +5f + 5g	+5h. 6.	\$_	0.00	-	\$	0.00	-		
7.	Cal	culate total me	onthly take-hon	ne pay. S	Subtract line	6 from line 4.	7.	\$_	0.00	-	\$_	0.00	-		
8.			ne regularly rec												
		profession, o	r farm			ting a business,	,								
		Attach a stater receipts, ordina monthly net inc	ment for each pro ary and necessa come.	operty ar	nd business s ess expense	showing gross s, and the total	8a.	\$_	0.00	-	\$	0.00	_		
	8b.	Interest and d	lividends				8b.	\$_	0.00		\$	0.00	_		
	8c.	Family supporegularly rece		at you, a	non-filing s	spouse, or a dep	endent								
		Include alimon		ort, child ment.	support, mai	intenance, divorc	e 8c.	\$_	0.00		\$	0.00	_		
	8d.	Unemployme	nt compensatio	n			8d.	\$_	0.00	_	\$	0.00	_		
	8e.	Social Securit	y				8e.	\$_	1,604.00		\$	998.00	_		
		Include cash as that you receiv		e value ( stamps (	(if known) of benefits und	any non-cash as: er the Supplemer		\$_	0.00		\$	0.00	_		
	8g.	Pension or ref	drement income	8			8g.	•	1,192.83		e	1,714.81			
			/ income. Speci					Ψ <u></u>	0.00	•	Ψ	0.00	-		
•							8h.	T\$_		1 I	+\$_		ī		
9.	AGO	i ali omer inco	me. Add lines 8a	a + 85 +	8c + 8d + 8e	+ 81 +8g + 8h,	9.	\$_	2,796.83		\$	2,712.81	-		
			income. Add ling ne 10 for Debtor			n-filing spouse.	10.	\$_	2,796.83	+	\$_	2,712.81	]=	\$ <u>:</u>	5,509.64
11.	State	all other regu	ılar contributio	ns to the	e expenses	that you list in S	Schedule J						- '		
	Inclu othe	de contribution friends or rela	s from an unmar tives.	ried part	ner, member	rs of your househ	iold, your d	epend	-						
		ot include any a <sub>cify:</sub> None	amounts already	include	d in lines 2-1	0 or amounts tha	t are not av	ailable	to pay expe	nses	s listed		/. 1. <b>+</b> :	\$	0.00
						mount in line 11.								<u> </u>	5,509.64
	- VIIIE	anat amount 0	ii die Summary (	ur sched	iules and Sta	atistical Summary	or Certain	LIADIli	ries and Rela	ted i	Data, if	it applies 12	- (	Comb	ined
13		<b>you expect an</b> No.	încrease or dec	crease w	vithin the ye	ar after you file	this form?				_		1	nonti	hly income
	V	Yes. Explain:	Note: Socia	l Secu	rity and Pe	ensions are ne	et of heal	th ins	s, taxes an	d ui	nion d	ues			
			<del>-</del> .												

Fill in th	is information to identify	your case					
Debtor 1	Robert	R.	Hatfield		Of a state of the state of the		
D-M 0	First Name Susanne	Middle Name R.	Lest Name Hatfleld		Check if this is:		
Debtor 2 (Spouse, if	iling) First Name	Middle Name	Last Name		An amended		
United Sta	ites Bankruptcy Court for the:	Northern District of I	New York			nt showing post of the following	-petition chapter 13 date:
Case num	ber 13-30324				MM / DD / YY		,
(if known)					4.4.41		2 because Debtor 2
Officia	l Form B 6J					separate house	
Sche	edule J: Yo	ur Expen	ses				12/13
informatio	plete and accurate as p n. If more space is need . Answer every question	ed, attach another s	ed people are fili heet to this form	ing together, bot n. On the top of a	h are equally respon my additional pages	sible for supply , write your nam	ing correct e and case number
Part 1	Describe Your Hou	ısehold	<u> </u>				
1. Is this a	joint case?					<del></del> ,	<del></del>
	Go to line 2.						
✓ Yes.	Does Debtor 2 live in a	separate household?	?				
	✓ No						
u u ugu u	, , , , , , , , , , , , , , , , , , ,	e a separate Schedul	e J.				
Do not li	have dependents? st Debtor 1 and		s information for	Dependent's rela Debtor 1 or Debt		Dependent's age	Does dependent live with you?
Debtor :		each dependen	ıt				No
names.	tate the dependents'						Yes
							No
					<del></del>		Yes
							No
							Yes
				-			No
							Yes
							No Yes
expense	expenses include as of people other than and your dependents?	No ✓ Yes			MROVIDERIU (1966, 1 <sub>2</sub> des 17 de ser 1994) (1966) (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part 2:	Estimate Your Ongol	ng Monthly Exper	1505				
	our expenses as of your			re using this for	n se a gunnlamant la	n a Chontos 12 -	ace to report
	es of a date after the ban						
Include ex	penses paid for with nor	-cash government a	ssistance if you	know the value			
of such as	sistance and have includ	led it on Schedule I:	Your Income (O	official Form B 6	.)	Your expe	nses
	tal or home ownership e t for the ground or lot.	expenses for your re	sidence. Include	first mortgage pa	yments and 4.	\$	900.00
If not in	cluded in line 4:						0.00
4a. Re	eal estate taxes				4a.	\$	0.00
4b. Pr	operty, homeowner's, or n	enter's insurance			4b.	\$	0.00
4c. Ho	me maintenance, repair, a	and upkeep expenses	<b>;</b>		<b>4c</b> .	\$	75.00
4d. Ho	meowner's association or	condominium dues			4d.	\$	0.00

 Debtor 1
 Robert
 R.
 Hatfield
 Case number (# Innown)
 13-30324

6. Utilities: 6. Electricity, heat, natural gas 6. Chief, specify, Interret and Hulu 6. 3 36,09 7. Food and housekeeping supplies 7. \$ 96,09 8. Childcare and children's education costs 8. \$ 0,00 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 175,00 10. Personal care products and services 11. Medical and dental expenses 11. \$ 494,00 11. Medical and dental expenses 12. \$ 430,00 11. Medical and dental expenses 12. Transportation, include gas, maintenance, bus or trein fare. 12. Transportation, include gas, maintenance, bus or trein fare. 13. Entertainment, clubs, recreation, newspapers, magszines, and books 13. \$ 100,00 14. Charitable contributions and religious donations 14. \$ 0,00 15. Insurance. 15. Insurance 15. Life insurance 15. Life insurance 15. Life insurance 15. Life insurance 15. Vehicle insurance specify. 15. Vehicle insurance 15. Other insurance. Specify. 16. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 17. Installment or lease payments: 17. Installment or lease payments: 17. Installment or lease payments: 17. Car payments for Vehicle 1 17. S. 0,00 17. Other, Specify. 17. Other payments for Vehicle 2 17. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 8, Schedule 1, Your Income (Official Form B Bi). 18. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 8, Schedule 1, Your Income (Official Form B Bi). 19. O				Your ex	penses
8a.   Electricity, heat, natural gas   8a.   \$ 160,000   8b.   Welter, sewers, garbage collection:   8b.   \$ 0,000   8c.   Telephone, cell phone, Internet, satellite, and cable services   8c.   \$ 48,60   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   Internet and Hulu   8d.   \$ 36,995   8c.   Chier. Specity.   100,000   100,000   8c.   Chier. Specity.   100,000   100,000   8c.   Chier. Specity.   100,000   100,000   8c.   Charitable contributions and religious donations   14,   \$ 3,000   8c.   Charitable contributions and religious donations   14,   \$ 3,000   8c.   Charitable contributions and religious donations   156,   \$ 133,000   8c.   Chier. Specity.   166,   \$ 100,000   8c.   Vehicle insurance   156,   \$ 100,000   8c.   Vehicle insurance   156,   \$ 100,000   8c.   Vehicle insurance, Specity.   156,   \$ 0,000   8c.   Vehicle insurance, Specify.   156,   \$ 0,000   8c.   Vehicle insurance, Specify.   156,   \$ 0,000   8c.   Chier. Specify.   176,   \$ 0,000   8c.   Chier. Specify.   176,	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
St.   Weler, sawer, garbage collection:   St.   Co.00	6.	Utilities:			
St.   Weler, sawer, garbage collection:   St.   Co.00			6a	\$	160.00
Sec.   Telephone, cell phone, Internet, satellite, and cable services   Sec.   S.   48.66					
6d. Other. Specify:   Internet and Hulu    6d.   \$ 3.6.95					
Food and housekeeping supplies					
8. Childcare and children's education costs         8. S         0.00           9. Clothing, laundry, and dry cleaning         9. S         175.00           10. Personal care products and services         10. S         150.00           11. Medical and dental expenses         11. S         494.00           12. Transportation, Include gas, maintenance, bus or train fare.         12. S         430.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. S         100.00           14. Charitable contributions and religious donations         14. S         0.00           15. Insurance.         15a. Uffe insurance deducted from your pay or included in lines 4 or 20.         15a. Uffe insurance         15b. S         133.00           15b. Health insurance         15b. S         10.00         10.00         10.00         10.00           15c. Vehicle insurance         15c. Vehicle insurance         15c. S         10.00         10.00           15c. Vehicle insurance         15c. Vehicle insurance         15c. S         0.00         0.00           15c. Vehicle insurance         15c. Veh	7.	Food and housekeeping supplies			
S.   Clothing, laundry, and dry cleaning   9.   \$   175.00     10.   Personal care products and services   10.   \$   150.00     11.   Medical and dental expenses   11.   \$   494.00     12.   Transportation, include gas, maintenance, bus or train fare.   12.   \$   430.00     13.   Entertainment, clube, recreation, newspapers, magazines, and books   13.   \$   100.00     14.   Charitable contributions and religious donations   14.   \$   0.00     15.   Insurance   15a.   \$   133.00     16.   Life insurance deducted from your pay or included in lines 4 or 20.     15a.   Life insurance   15b.   \$   133.00     15b.   Health insurance   15c.   \$   102.46     15d.   Other insurance, Specify:   15d.   \$   0.00     15c.   Vehicle insurance   15c.   \$   102.46     15d.   Other insurance, Specify:   15d.   \$   0.00     15d.   Charitable contributions and religious donations   15c.   \$   0.00     15d.   Other insurance   15d.   \$   0.00     15d.   Other insurance, Specify:   15d.   \$   0.00     15d.   Other insurance, Specify:   15d.   \$   0.00     15d.   Other insurance, Specify:   17d.   \$   0.00     17d.   Car payments for Vehicle 1   17a.   \$   0.00     17d.   Other, Specify:   17d.   \$   0.00     17d.   Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line ins 8, Schedule 1, Your Income (Official Form B Bi).   19d.   \$   0.00     17d.   Other payments you make to support others who do not live with you.   19d.   \$   0.00     17d.   Other payments you make to support others who do not live with you.   19d.   \$   0.00     17d.   Other real property expenses not included in lines 4 or 8 of this form or on Schedule 1: Your income.   \$   0.00     20d.   Mortgages on other property   \$   0.00     20d.   Property, homeowner's, or renter's insurance   20d.   \$   0.00     20d.   Maintenance, repair, and upkeep expenses   20d.   \$   0.00	8.	Childcare and children's education costs	8.		
10.   Personal care products and services   10.   \$   150.000     11.   Medical and dental expenses   11.   \$   494.000     12.   Transportation, include gas, maintenance, bus or train fare.   2.   \$   430.000     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$   100.000     14.   Charitable contributions and religious donations   14.   \$   0.000     15.   Insurance.   2.   2.   2.   2.   2.     16.   Life insurance deducted from your pay or included in lines 4 or 20.     15.   Life insurance   15a.   \$   133.00     15.   Life insurance   15b.   \$   0.000     15.   Other insurance, Specify:   16.   \$   0.000     16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.000     17.   Installment or lease payments:   17a.   Car payments for Vehicle 1   17b.   \$   0.000     17.   Car payments for Vehicle 2   17b.   \$   0.000     17.   Other. Specify:   17c.   \$   0.000     18.   Your payments for Vehicle 2   17b.   \$   0.000     19.   Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B Si).   0.000     18.   Other payments or allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B Si).   0.000     18.   Other payments or allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B Si).   0.000     19.   Other payments or allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B Si).   0.000     18.   Your payments or allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B Si).   0.000     18.   Other real	9.	Clothing, laundry, and dry cleaning	9.		
11. Medical and dental expenses         11. \$ 494.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ 430.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 100.00           14. Charitable contributions and religious donations         14. \$ 2. 0.00           15. Insurance.         00 not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15b. \$ 133.00           15b. Health insurance         15b. \$ 10.00         15c. Vehicle insurance         15c. \$ 10.00           15c. Vehicle insurance. Specify:         15d. Other insurance. Specify:         15d. \$ 0.00           16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$ 0.00           16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$ 0.00           16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$ 0.00           16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$ 0.00           16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$ 0.00           17c. Car payments for Vehicle 1         17a. \$ 0.00           17b. Car payments for Vehicle 2         17b. \$ 0.00           17c. Other. Specify:         \$ 0.00 <t< td=""><td>10.</td><td>Personal care products and services</td><td></td><td></td><td></td></t<>	10.	Personal care products and services			
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.   12.   \$ 430.00	11.	Medical and dental expenses			
Do not include car payments.   12	12.	Transportation, Include gas, maintenance, bus or train fare.	• • • • • • • • • • • • • • • • • • • •	<u> </u>	434.00
14. Charitable contributions and religious donations       14. \$ 0.00         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a. \$ 133.00         15b. Health insurance       15b. \$ 0.00         15c. Vehicle insurance. Specify:       15c. \$ 102.46         15d. Other insurance. Specify:       15d. \$ 0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:       16. \$ 0.00         17. Installment or lease payments:       17a. \$ 0.00         17b. Car payments for Vehicle 1       17a. \$ 0.00         17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17c. \$ 0.00         18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B 6l).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       Specify:       19. \$ 0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00			12.	\$	430.00
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Specify:	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance	14.	Charitable contributions and religious donations	14.	\$	0.00
15b. Health insurance 15c. Vehicle insurance 16c. Vehicle insurance	15.				
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16d. Specify: 17e. Car payments for Vehicle 1 17e. Car payments for Vehicle 2 17e. Other. Specify: 17e. Other. Specify: 17e. Other. Specify: 17e. Other. Specify: 17e.		15a. Life insurance	15a.	\$	133.00
15d. Other insurance. Specify: 15d. \$ 0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. \$ 0.00  17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). 18. \$ 0.00  19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00  20. Other real property expenses not Included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		15b. Health insurance	15b.	\$	0.00
15d. Other insurance. Specify:       15d. \$ 0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       16. \$ 0.00         Specify:       16. \$ 0.00         17. Installment or lease payments:       17a. \$ 0.00         17b. Car payments for Vehicle 1       17a. \$ 0.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form B 6i).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       19. \$ 0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00		15c. Vehicle insurance	15c.		_
Specify:		15d. Other insurance. Specify:	15d.		_
17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).  19. Other payments you make to support others who do not live with you.  Specify: 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	16.		16.	\$	0.00
17b. Car payments for Vehicle 2  17c. Other. Specify:	17.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
17c. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$	0.00
17d. Other. Specify:		17c. Other. Specify:	17c.	\$	0.00
from your pay on line 5, Schedule I, Your Income (Official Form B 6I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20c. \$  0.00  20c. Property, homeowner's, or renter's insurance  20d. \$  0.00  20d. Maintenance, repair, and upkeep expenses			17d.	\$	
Specify:	18.	Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	0.00
Specify:	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property       20a. \$			19.	\$	0.00
20a. Mortgages on other property       20a. \$			me.		
20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00				\$	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20b. Real estate taxes	205.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$		20c. Property, homeowner's, or renter's insurance			_
			20d.		
		20e. Homeowner's association or condominium dues	20e.		_

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Debtor 1	Robert First Name Mic	R.	Hatfleld	Case number (if known) 13-	30324	
	I HOLISONIC MIC	rane certie	autre			
. Other.	Specify:			21.	+\$	0.00
	onthly expenses. alt is your monthly	Add lines 4 through 2 expenses.	21.	22.	\$	
s. Calculat	e your monthly n	et income.				5 500 04
23a. Co	ppy line 12 (your co	ombined monthly inco	me) from Schedule I.	23a,	\$	5,509.64
23b. Co	py your monthly e	xpenses from line 22	above.	23b.	-\$	3,785.05
	ubtract your monthl ne result is your <i>mo</i>	y expenses from your onthly net income.	monthly income.	23c.	\$	1,724.56
Do you e	expect an increas	e or decrease in vou	r expenses within the year a	fter you file this form?		
For exam	nple, do you expec	t to finish paying for y	our car loan within the year or use of a modification to the ter	do you expect your		
No.						
Yes.		Car loan is paid of costs are mounting have rising media	ng. The vehicle is vital f	hicle and may need replace or transport to medical appo	ement soc pintments	on and repair Debtors also

Fill in this ir	formation to ident	ify your case.	
Debtor 1	Robert First Name	R. Middle Name	Hatfield
Debtor 2 (Spouse, if filing)	Susanne First Name	R. Middle Name	Hatfield_
United States	Bankruptcy Court for th	e: Northern District of	New York
Case number	13-30324 (If known)		

Check if this is an amended filing

12/15

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	•
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 73,956.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$19,600.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ 93,556.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 44,943.34
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 35,302.14
Your total liabilities	\$ 80,225.68
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$5,509.64
5. Schedule J: Your Expenses (Official Form 106J)	
. Scriedule J. Tour EXDERSES (CIRCIAI FORM TUBJI	s 3,785.05

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De	ebtor 1	Robert	R.	Hatfield_	Case	number (# known	, 13-30324		
		First Name	Middle Name L	ast Name					
Р	art 4:	Answer The	se Questions for	Administrative and Statistical Rec	cords	_			
6.	Are yo	ou filing for bani	kruptcy under Chap	oters 7, 11, or 13?					
	□ No	. You have nothi	ng to report on this p	art of the form. Check this box and submit	t this form	n to the court	with your other	schedules.	
	<b>☑</b> Ye								
7.	What I	kind of debt do y	you have?						
Wilder to be demonstrated	☑ Yo	ur debts are pri	marily consumer de	bts. Consumer debts are those "incurred	l by an ind	dividual prima	arily for a persor	nai,	
And the second second	_	•		. § 101(8). Fill out lines 8-9g for statistical			-		
and the same of th			t primarily consument with your other sch	er debts. You have nothing to report on the	nis part of	the form. Ch	eck this box and	d submit	
8.				thly Income: Copy your total current mont	ithly incon	ne from Offic	ial [		
	Form 1	122A-1 Line 11; (	OR, Form 122B Line	11; <b>OR</b> , Form 122C-1 Line 14.				\$	3,314.70
9.	Copy t	the following sp	ecial categories of	claims from Part 4, line 6 of Schedule E	E/F:				
						Total clair	n		
	Fron	n Part 4 on Sche	edule E/F, copy the	following:					
	11011	ar are 4 on ocm	due Di , copy die	windwing.					
	9a. Do	mestic support o	bligations (Copy line	6a.)		\$	0.00		
	9b. Ta	xes and certain o	other debts you owe t	he government. (Copy line 6b.)		\$	0.00		
			·				0.00		
	9c. Cla	aims for death or	personal injury while	you were intoxicated. (Copy line 6c.)		\$	0.00		
	9d. Stu	udent loans. (Cop	by line 6f.)			\$	0.00		
	9e. Ob	oligations arising	out of a separation a	greement or divorce that you did not repor	rt as		0.00		
		ority claims. (Cor		,		₽	0.00		
	9f. De	bts to pension or	profit-sharing plans,	and other similar debts. (Copy line 6h.)	4	+ s	0.00		
	Qa To	tal. Add lines 9a	through Of			0	0.00		
	ay. 10	uai. Auu IIIles 9a	u u ougi i et.			\$	0.00		

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Debtor 1	Robert	R.	Hatfield
	First Name	Middle Name	Last Name
Debtor 2	Susanne	R	Hatfield
(Spouse, if filing)	First Name	Middle Name	Last Name
(Spouse, if filing)	First Name	- 13	Last Name
Case number	13-30324		

Check if this is an amended filing

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT a	n attorney to help you fill out bankruptcy forms?
✓ No ☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the that they are true and correct.	he summary and schedules filed with this declaration and
* Robert D. Halfild Signature of Debtor 1	* Susanne R. Hatfield
Date 4-24-2017	Date 4-24-2017